

LOUISVILLE METRO SPECIAL EVENT PERMIT APPLICATION

Event Name: _____
Official name of festival or event (name used to advertise event)

Event Producer: _____
Name of individual, group or organization producing event, or agency with whom event is contracting

Primary Contact: _____
Person who should be contacted regarding the application, event or in case of an emergency

Contact Address: _____
Street Mailing Address City State Zip

Primary Contact Information: _____
Day Phone Cell Phone Night Phone

E-mail Web site Fax

EVENT TYPE - Events with 500 people or less, Block Parties, Parades or Walks/Runs/Races, submit a SMALL EVENT & PARADE PERMIT.

Events with 500 people or more check the box(es) below that best describe your Special Event.

- ☐ Major Festival or Event (maximum peak attendance of 5000 or more people) - \$25
☐ Medium-Size Festival or Event (maximum peak attendance between 500 and 5000 people) - \$20
☐ Small Event, Block Party - \$15; Submit small event permit if maximum peak attendance is under 500 people
☐ Parade - \$10; Submit small event permit if maximum peak attendance is under 500 people
☐ Walk/Run/Race - \$10; Submit small event permit if maximum peak attendance is under 500 people
☐ Rally/Public Gathering - \$10; Submit small event permit if maximum peak attendance is under 500 people
☐ Film/Commercial Shoot - \$10

☐ Other _____

☐ Describe any special or unusual features of your event: _____

SPECIAL EVENT LOCATION - Venue and address of event: _____

Date(s) and Time(s) of Event (include Load-In and Load-Out/Clean-Up)

Load-In Date: ____/____/____ Time: ____:____ M Load-Out/Clean-Up End Date: ____/____/____ Time: ____:____ M

Event Start Date: ____/____/____ Time: ____:____ M Event End Date: ____/____/____ Time: ____:____ M

Total attendance expected: _____ **Peak attendance expected at any one time:** _____

Rain/Cancellation Policy: _____
Provide alternative dates, times and locations of event, if applicable.

STREET CLOSINGS - List streets to be closed for Special Event (See Street Closings, Section 20, Special Events Handbook)

If a state road will be closed, apply for a Street Closing Permit from the Kentucky Transportation Cabinet (See Contact List, Section 24, Special Events Handbook)

Street Closings to begin on: Date: ____/____/____ Time: ____:____ M **Re-opening on:** Date: ____/____/____ Time: ____:____ M

NOTE: Louisville Metro will notify TARC if bus or trolley re-routing is going to be necessary.

Event Producers must notify affected businesses and residents of street closures.

Event Producers must provide barricades for street Closings. Check Yellow Pages under "Barricades."

SPECIAL PARKING RESTRICTIONS - Describe parking restrictions or requirements needed for Special Event

(See Street Closings, Section 20; Barricades, Section 4; Security, Section 17, Special Events Handbook)

Number of meters to be bagged: _____ **Identification numbers ON meters** _____

"No Parking" signs placement - list street(s) and block numbers where to install _____

(Attach sperate sheet with meter numbers if needed)

TRAFFIC CONTROL - Describe traffic control needed for Special Event, number of officers requested, etc.

ADDITIONAL REQUESTS

ADDITIONAL EVENT FEATURES

Review the checklist of possible event features below and check all that apply to your event:

¹ Requires submission of Insurance Information Form ² May involve a fee ³ Requires special license or permit application and fee

- ☐ **Alcoholic Beverages Served / Sold** ^{1, 2, 3} (See Alcoholic Beverage Control, Section 3, Special Events Handbook)
- ☐ **Restroom Facilities** (See Restroom Facilities, Section 16, Special Events Handbook)
- ☐ **Carnival Rides/ Inflatables** ¹ (See Carnival Rides and Inflatables, Section 6, Special Events Handbook)
- ☐ **Security** ² (See Security, Section 17, Special Events Handbook)
- ☐ **City Stage Rental** ² (See Rentals/ Event Services, Section 15, Special Events Handbook)
- ☐ **Cleaning - City Assisted** ² (See Clean-Up Plans, Section 8, Special Event Handbook)
- ☐ **Signs/Banners** ² (See Signs and Banners, Section 18, Special Event Handbook)
- ☐ **Electrical Service - Temporary** ² (See Electrical Services, Section 9, Special Event Handbook)
- ☐ **Emergency Medical Services** ² (See Emergency Medical Services, Section 10, Special Event Handbook)
- ☐ **Tent(s) Over 200 sq ft** ³ (See Tents and Temporary Structures, Section 21, Special Event Handbook)
- ☐ **Fireworks Display** ^{1, 2, 3} (See Fireworks and Pyrotechnic Displays, Section 11, Special Event Handbook)
- ☐ **Vendors** ³ (See Vending, Location Use and Personal Conveyance Permits, Section 22, Special Event Handbook)

ALCOHOLIC BEVERAGES (See Alcoholic Beverage Control, Section 3, Special Events Handbook)

If you are serving or selling alcoholic beverages at your event, a Louisville Metro and Kentucky State temporary alcoholic beverage license will be required. You must complete the ABC applications and submit them with payment to the State ABC and Louisville Metro ABC, along with proof of insurance, at least 30 days before an event date.

Alcoholic beverage concessionaire or caterer: _____

Insurance company: _____

Contact: _____ Office Phone: _____

CLEAN-UP PLANS AND PROCEDURES (See Clean-Up Plans, Section 8, Special Events Handbook)

Event producers holding an event on Louisville Metro properties, facilities, streets or right-of-ways are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Clean-up coordinator: _____ Company Name: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Event producer will provide dumpsters: _____ Event producer will provide trash containers: _____

Would you like Louisville Metro to provide dumpsters and trash containers? ☐ Yes ☐ No (NOTE: A fee may be charged for containers)

Number of dumpsters: _____ Number of trash containers: _____ Number of trash liners: _____

Drop-off date: ____/____/____ Time: ____:____ M Pick-up date: ____/____/____ Time: ____:____ M

Exact location where containers should be dropped: _____
(Indicate on site map if necessary)

ELECTRICAL SERVICES (See Electrical Services, Section 9, Special Events Handbook)

How will electrical service be supplied ☐ Generator ☐ Public Utilities ☐ Both

Electrical contractor/supplier: _____ Office Phone: _____

Emergency contact name: _____ Cell Phone: _____

NOTE: Electrical permit may be required for temporary electrical service. For generators, contact the fire district where your event is held.

EMERGENCY MEDICAL SERVICES (See Emergency Medical Services, Section 10, Special Events Handbook)

Emergency Medical Services must be provided at all events defined as a "Major Event." A minimum of one team for an attendance up to 5,000; two teams for an attendance up to 15,000; and three teams for an attendance up to 34,000 or greater is required.

Is the event producer providing private Emergency Medical Service? ☐ Yes ☐ No IF YES, complete information below:

Provider: _____ Office phone: _____ Cell phone: _____

Briefly describe your event's Emergency Medical Services plan: _____

Do you want to request dedicated Emergency Medical Service unit(s) from Louisville Metro? ☐ Yes ☐ No

If YES, how many units? _____ (NOTE: A fee may charged for dedicated units)

FIREWORKS/PYROTECHNICS INDOOR & OUTDOOR DISPLAYS (See Fireworks/ Pyrotechnics, Section 11, Events Handbook)

An application from the Fire Marshal, provided by IPL (Louisville Metro Inspections, Permits & Licenses, 444 S. 5th Street, Suite 101, Louisville KY 40202-4314, (502) 574-2985 or (502) 574-4218) must be submitted along with a \$175 non-refundable fee and proof of insurance at least 30 days before the event.

Fireworks/pyrotechnics display vendor: _____

Contact name: _____ Office phone: _____

E-mail address: _____ Cell phone: _____

METRO STAGE RENTAL (See Rentals/ Event Services, Section 15 of the Special Events Handbook)

Stage Location - indicate on attached site map. Dates requested for the Louisville Metro Stage, IF AVAILABLE.

Drop-off date: ____/____/____ Time: ____:____ M Pick-up date: ____/____/____ Time: ____:____ M

RESTROOM FACILITIES (See Restroom Facilities, Section 16, Special Events Handbook) **NOTE:** Louisville Metro does **NOT** provide portable restroom facilities for events.

Number of permanent facilities at event location: _____ Number of portable facilities: _____

Name of supplying company: _____ Office phone: _____

Emergency contact name: _____ Cell phone: _____

SECURITY (See Security, Section 17 of the Special Events Handbook) **NOTE:** Event producers must provide adequate security for event management and crowd control.

Total number of private security personnel or off-duty law-enforcement officers on-site: _____

Organization providing security: _____

Contact name: _____ Cell phone: _____

Types of security being provided by the Event Producer(s):

- ☐ Beer/Alcohol Sales Security
- ☐ Event Area Security
- ☐ Gate Security
- ☐ Money Handling Security
- ☐ Event Area Security
- ☐ Stage Security

- ☐ Outside Event Hours Security
- ☐ Parking Lot Security
- ☐ Celebrity Security
- ☐ Overnight Security
- ☐ Parking Lot Security

From ____:____ M To ____:____ M

From ____:____ M To ____:____ M

Describe your event's security plan: _____

SIGNS/BANNERS (See Signs and Banners, Section 18, Special Events Handbook)

Number of signs _____ Number of banners _____

Location of signs/banners to be installed _____

TENT(s) (See Tents and Temporary Structures, Section 21 of the Special Events Handbook)

Enclosed tents over 200 sq. ft. require a permit. ALL tents over 400 sq. ft require a permit.

Contact Louisville Metro IPL, 444 South. 5th Street, Suite, 101, Louisville, KY 40202, (502) 574-3321.

VENDORS (See Vending, Location Use and Personal Conveyance Permits, Section 22 of the Special Events Handbook)

An event that will have food or merchandise vendors must apply for a Temporary Master Location Use Permit. A Personal Conveyance Permit is also required for each vendor booth or mobile vendor. A map of the location of all vendors must be attached. Vendors selling food and drink (other than prepackaged) also require a permit from the Health Department.

SITE MAP REQUIREMENT – (See Site Maps, Section 19, Special Events Handbook)

Regardless of an event's location, a Site Map must be submitted to IPL with this permit, showing the location of the event; all streets, alleys and rights of way affected by the event and detailing specific event features and equipment.

INSURANCE REQUIREMENTS – (See Insurance, Section 13, Special Events Handbook)

Proof of insurance is required from an event producer and event subcontractors, at least 30 days prior to an event, if estimated attendance at an event is 500 or more people or if the event will include carnival rides, fireworks, or selling/serving alcoholic beverages. The enclosed list of Insurance Requirements should be reviewed immediately with your insurance agent in order to comply. Please have your insurance agent complete this Insurance Certificate form, (or the Accord form) and return it with your application, and obtain and forward required Certificates of Insurance from all subcontractors referenced above.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Applicant/Event Producer shall indemnify, hold harmless and defend Louisville Metro Government and the Waterfront Development Corporation (if event is held on Waterfront Park Venues), their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producer's subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting there-from, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Louisville Metro Government or the Waterfront Development Corporation, their elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with Louisville Metro will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Louisville Metro Laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

X _____
Signature of the agent duly authorized by the Special Event Permit applicant to bind it.

_____/_____/_____
Date



SPECIAL EVENT PERMIT APPLICATION

Return to: Louisville Metro IPL, 444 S. 5th Street, Suite 101, Louisville, KY 40202-4314

Questions or additional information, contact: (502) 574-2985 (phone) or (502) 574-5245 (fax)

Application and fee must be received no later than 30 days prior to event